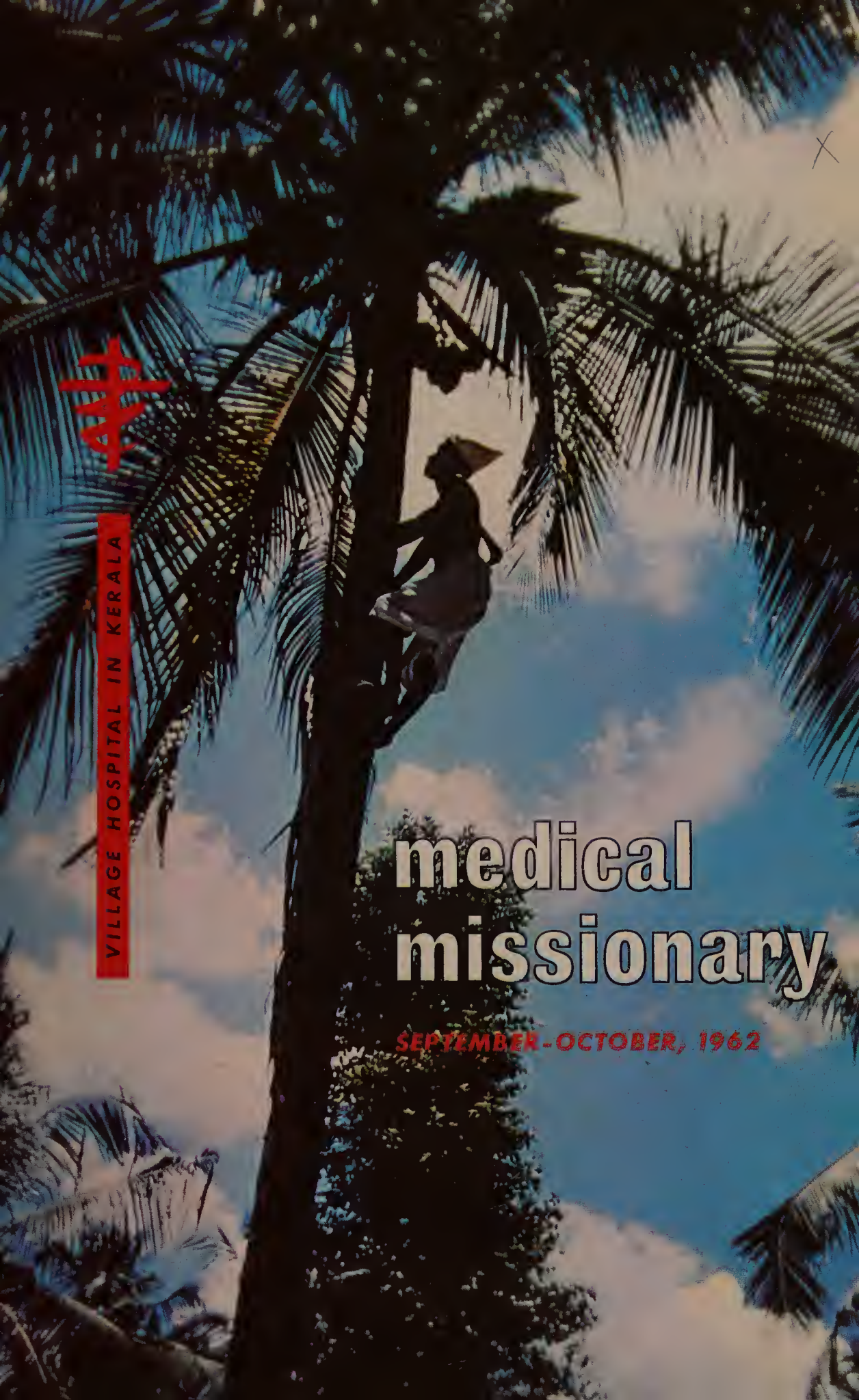

medical missionary

SEPTEMBER-OCTOBER, 1962

O ADMIRABILE COMMERCIUM

Mary in the Fathers of the [illegible]

fifth in a series

THE WONDERFUL EXCH[illegible]

Mary is the center of the great exchange, the wonderful trading of humanity and divinity. He whom the whole heavens could not contain shut Himself in Her womb. He who from all eternity is equal to the Father, became an infant. He gave us part in His own greatness and Himself made acquisition of our weakness. Mortal was He made along with us, that by infusing into us His life, we might die no more. O wonderful exchange in which the Creator of the human race takes unto Himself a living body and deigns to be born of the Virgin, and becoming man without human generation bestows upon us His divinity. The FIAT of a humble maid of Nazareth becomes the center point of history. The assent of the Virgin makes God man, and man God. In Mary they meet, and in this sense Mary is the center of all things, the bridge of all gifts.

compiled from patristic sources

VOL. 36, NO. 5

THE medical missionary

Sept.-Oct. 1962

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Climbing the graceful coconut palm tree. Kerala, S. India.

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Cover: J. Primi; 138, 146 (l): B. Moosbrugger; 147: Gov't of India; 154: N.C.

The Medical Missionary is Published Bi-Monthly with Ecclesiastical Approbation by the Society of Catholic Medical Missionaries, Inc. Subscription: 1 yr. $2.00; 2 yrs. $3.00. 2nd Class Postage paid at Phila., Pa.

EDITOR: Sr. M. Angelica; Business: Sr. M. Kevin; Art: Sr. M. Lawrence, Frank X. Smith

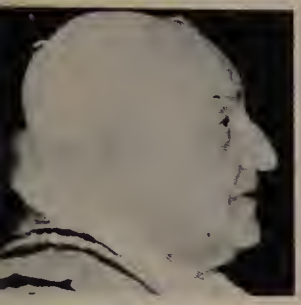
". . . 'there will be one fold and one shepherd' (John 10.16). This irresistible assurance was the compelling motive which led Us to announce publicly Our resolve to call an Ecumenical Council. Bishops will come together there from every corner of the world to discuss important matters of religion. But the most pressing topics will be those which concern the spread of the Catholic faith, the revival of Christian standards of morality, and the bringing of ecclesiastical discipline into closer accord with the needs and conditions of our times . . ."

Ad Petri Cathedram, 29 June, 1959.

"The ecumenical Council will be a demonstration, uniquely far-reaching in its significance, of truly world-wide catholicity . . ."

Pope John XXIII

THE COUNCIL & THE MISSIONS



THE new Soviet Encyclopedia, published in 1958, under the subject heading "missions" redicted the complete downfall of hristian missions, in the near future.

From the human standpoint, this almost might appear to be true, since fter twenty centuries of Christianity nd preaching the Gospel, two-thirds of umanity, immense millions — even illions—still do not know Christ.

nd of Colonial Era

Fifty years ago, and even at the time f the first Vatican Council, the greater art of mankind lived under the influnce of European-American or "Westrn" culture, which had its roots deep n Christianity. Today, with the end of ne Colonial era, which began with olumbus discovering America, and nded with the Second World War, almost all colonial governments have isappeared. Despite many injustices, ney favored the spread of Christianity, ometimes directly, at other times indirectly. Missionaries, who only wanted o preach the Gospel, were looked up o as the bearers of Western culture.

Today, Western culture has lost its steem among the huge nations of Asia nd Africa. Urged on by the fires of ationalism, a modern culture is comng into being in these lands as a reult of the rebirth of national non-Christian religions. Missionaries are ften regarded as foreigners, and no onger needed.

Again, with the rise of the secular hurch and state in modern society. hurch and state are no longer one, as in the days of Constantine the Great, and in the Middle Ages. Today there are no longer large or small Christian nations, only large or small states, having a large or small Christian congregation. Many of the traditionally Catholic and Christian nations have come under the domination of Communism. Many of the democratically ruled nations, due to the growth of secularistic and materialistic attitudes, now number large groups of citizens who are completely indifferent to Christianity and even averse to it, or openly hostile. "The movement of history seems to be opposed to the mission of the Church." (Bishop Jaeger.)

The Urgency of Missions

What is the other side of the picture? The urgency of missions today arises not so much from numbers to be reached as from the fact that the Church has a mission to every nation in every age. Led by the Holy Spirit She will continue until the end of time to labor for the salvation of the whole world. The advance of the Kingdom of God goes on in God's way, at His pace and results are not necessarily visible and tangible. While the Church may be affected and influenced by political and social upheavals of the times, it has its own spiritual laws of development that are not dependent on any natural event.

"Our era," Pope John remarked, "is penetrated and shot through by radical errors; it is shaken and upset by deep disorders. Nevertheless, it is also an era in which immense possibilities for good are opened to the Church." He also made it plain that these opportunities must not be judged in terms of an age that has passed; old ways of thinking of the missions are no longer valid because both the world and the Church

have moved into new universal positions of one-worldedness.

Universality of Church Today

The fact that Church and State are no longer one, may be deplored by some but this precise factor has freed her from the narrow limits and confines of nationalism and has enabled the Church to discover her true and real universality. Due to missionary efforts the Church has already reached the ends of the earth—although weak and small in some areas. She is established in the East and in parts of Africa with her own native clergy, bishops, and even cardinals. There her adherents are in the millions. Thus the true image of the Church today must be conceived of in global terms as Universal — not just as European or American. For the first time in history, this will be very evident at the Ecumenical Council, when representatives from all over the world will be present, not just Europeans and a few Americans, as in the Vatican Council I.

Ecumenical Council and Missions

Ecumenical councils are summit meetings for the Church, held when the Church is facing the challenges and dangers of a new age as we are now, entering on the space era. The Church must adapt herself to these thoroughly changed times and conditions in order to fulfill the mission given her by Christ, to bring all men to Redemption.

In a recent Encyclical, "Princeps Pastorum," in preparation for the coming Council, Pope John XXIII very hopefully listed the adaptation of the missions to the changed world situation showing that what is needed is the development of the full catholicity of the Church. His Holiness listed four principles necessary to bring about a representation of Catholicity in the new world situation:

1. The Church identifies herself with no single culture or civilization, not even with the Western.

2. The Greco-Roman culture of the Mediterranean peoples was determined by Providence as the cradle of Christianity. "With regard to many unessential matters of rite, organization, art, and ecclesiastical science," states John XXIII, "the appearance of the Church would have differed from its present condition if the Church had arisen, for example, in China."

3. As the Church purified Hellenistic culture in order to select, preserve, and animate all that was good and beautiful, so will she also purify, elevate, and enlighten the true values of other religions and world cultures, cleansing them from mixtures of error. For all that is true, good and beautiful in the religions and cultures of the world comes from God, who is the source of all good and beauty.

4. Though the faith and essential structure of the Church has been made by God and determined by Christ for all time, the *one* Gospel of Jesus Christ will be adapted to the character of the nations and their cultures and made clear through religious usages and rites. God's revealed Word is of such depth and fullness that men of different cultures feel attracted at times by different aspects that correspond to their spiritual individuality.

The Church is neither national nor international, but simply Catholic and Universal. In no land can she feel as a foreigner, for she belongs to all nations and all peoples without discrimination of race or color.

VILLAGE HOSPITAL IN KERALA

SISTER M. STEPHANIE

ON a bright September morning in 1954, four Medical Mission Sisters, with bag and baggage, boarded a little steamboat in Kottayam, South India to start their journey up-country to a small fishing village on the West Coast of Malabar called Thuruthipuram. The village is about 30 miles north of the port of Cochin. The whole area is very picturesque: it is called Kerala, which

means "Land of Coconuts." Thuruthipuram is situated on a peninsula, joined on one side to the mainland; there is no road, only jungle. So, no matter which route you take, the last lap of the journey must be made by *vanchi* (a small country boat). Here we were to take up the challenge of founding a hospital, which would serve a population of about 20,000.

Towards evening, we reached our destination. Crowds stood at the shore staring at us; they had never seen Sisters before. However, when the pastor and builder of the hospital, Rev. Father Chennat arrived to greet us, they came back to earth again, picked up our luggage and went ahead of us towards the hospital.

Just about 12 years ago, a country priest was called in the middle of the night to assist a young woman in her last hours. The young mother-to-be was doomed to die, with her baby unborn. There was no doctor or midwife available; the nearest hospital was hours away, on the mainland. And there was no direct approach to the mainland—the last part of the journey would have to have been made by boat. This, again, was impossible, because the people were just too poor. The heart of the young priest, Father Chennat, was greatly moved. Then and there he resolved to get medical help for his people. After years of hard labor, the hospital had come into being and here was Father Chennat to greet us.

On the way to our temporary quarters, which is about 10 to 15 minutes walk, we passed only three little stone houses and one other foundation where a house was to be built—that was all—no sign of a shop or a market. We had packed provisions for only one day and expected thereafter to go around the corner and buy what was needed to feed a family of four or five Sisters. But there was no store around the corner—all provisions would have to come by boat across the river and market day is held only twice a week—Monday and Thursday. *Our spirits* sank a bit. Where would the patients come from? We had been told that there was no Medical Center for miles.

St. Francis Parish Church proved to be large and roomy and very clean, worthy to be a House of God. Would this church ever be full? We thanked God for the safe journey, entrusted the future entirely to Him and went to sleep in the guest quarters of the parish house.

The Church was crowded the next morning; there were more than a hundred to receive Holy Communion. Where did they all come from? We had seen no village as yet.

Two days after our arrival we moved into the hospital—the upper floor was to be our convent. However, the main meals were still provided from the parish kitchen; ours would not be ready for another two weeks. This gave us time to find our way around. We found that the people on the whole are extremely and desperately poor. They live in little huts, hidden away between the palms; very few have real houses.

We had one month to get the hospital ready for use. Our first task was to have mattresses made for the beds. That might sound simple, but it was not *so* simple. The cases for the mattresses had been prepared beforehand in Kottayam, but the coconut fiber, which is commonly used for filling, is cheaper here where it is made. Yet nobody knew what a mattress was—they had never seen one—what did the Sisters mean? After one full week we re-

Sister M. Andrea (Renova, Pa.) gives I.V. to dehydrated baby, A.A.J.M. Hospital, Thuruthipuram, Kerala, South India.

Sr. M. Stephanie, the author, (a nurse and midwife) stands near hospital sterilizer. Sr. pioneered 7 years in Thuruthipuram. The people had never seen sisters before.

Patients were sometimes carried thirty or forty miles on makeshift stretchers to the hospital. Many had tuberculosis. Much sickness lay behind the beautiful palm trees.

ceived the first sample, and it was a rather bumpy and uneven specimen. In the end we had to bring a tailor in from Kottayam to make them.

Sister M. Francis, M.D., our Sister-doctor, arrived on October 1, bringing with her a supply of medicines and hospital goods, some donated, some loaned by our Sisters in Holy Family Hospital, Mandar, India. Thus we started with a bare minimum and with only an Out-Patient Department.

October 4, 1954 was set for Opening Day — it was obvious that the In-Patient Department would have to wait. The equipment had not yet arrived. October 4, the patronal feast of the parish, was also to be the day for the first Mass in the Hospital Chapel. The altar was ordered in time, but arrived late. The carpenters spent the greater part of October 3 putting it up, thus we had to work till late in the evening to get the chapel ready. With little kerosene oil lamps the work did not go very fast, but we made it.

Attendance was beyond all expectations. We saw 60 patients the first day. In the first three months, 13,599 in the Out-Patient Department alone! Considering that all these consultations had to be done through an interpreter, it was quite an achievement! Malayalam is spoken here, a regional language, one of the Dravidian tongues, which even other Indians find difficult.

The number of patients increased as the days went by; registration was done a day ahead, and all the Sisters had their hands more than full.

As the days went by, we began to realize how much misery lies behind the beautiful coconut palm trees, which provide for the daily needs of the people. How much sickness! How much poverty! The people are so poor; they earn their daily bread by fishing or tending the coconut palm trees. They lead a hand-to-mouth existence when they are well, but malnutrition, and vitamin deficiencies are their daily companions. Tuberculosis is widespread. Infestation with intestinal parasites is common (about 90% of the people), and anemia follows in its trail. The water supply is contaminated and they get all kinds of waterborne diseases, such as amoebiasis, typhoid, and cholera.

We have water, running water, if the well holds out. We live on a peninsula; on three sides we are surrounded by water, and yet when March and April come, there is a great shortage of water. The ground is completely dried out after five rainless months, and the sea water comes in. The water in the well becomes salty, and this salt water eats the pipes. What to do? Then a month later when the monsoon rain beats down day and night, one wonders how long it will keep up. The sheets don't dry, and the linen supply hits rock bottom. The same problems are there, but reversed now. Oh, for one sunny day!

The floods come once every year—sometimes twice—and last for about ten days. Waters rush down from the hills and mix with the torrential downpour at sea level to cause the inundation. At that time the hospital is the only building with a little dry land around it; the rest of the village looks like Venice. At first we thought that floods would mean a vacation, but, no, the patients just come in little rowboats.

The In-Patient Department was opened officially on January 9, 1955, the Feast of the Holy Family. Archbishop Joseph Attipetty arrived early in the morning to offer the Holy Sacrifice of the Mass in our chapel. By

noon we had our first patients—mother and son. The mother, who was carried in, had been unconscious for the previous three days. Three of her children had died, and the attending physician had told the husband that his wife and this boy would also die—because the Devil was in their house, and so he, the doctor, was powerless.

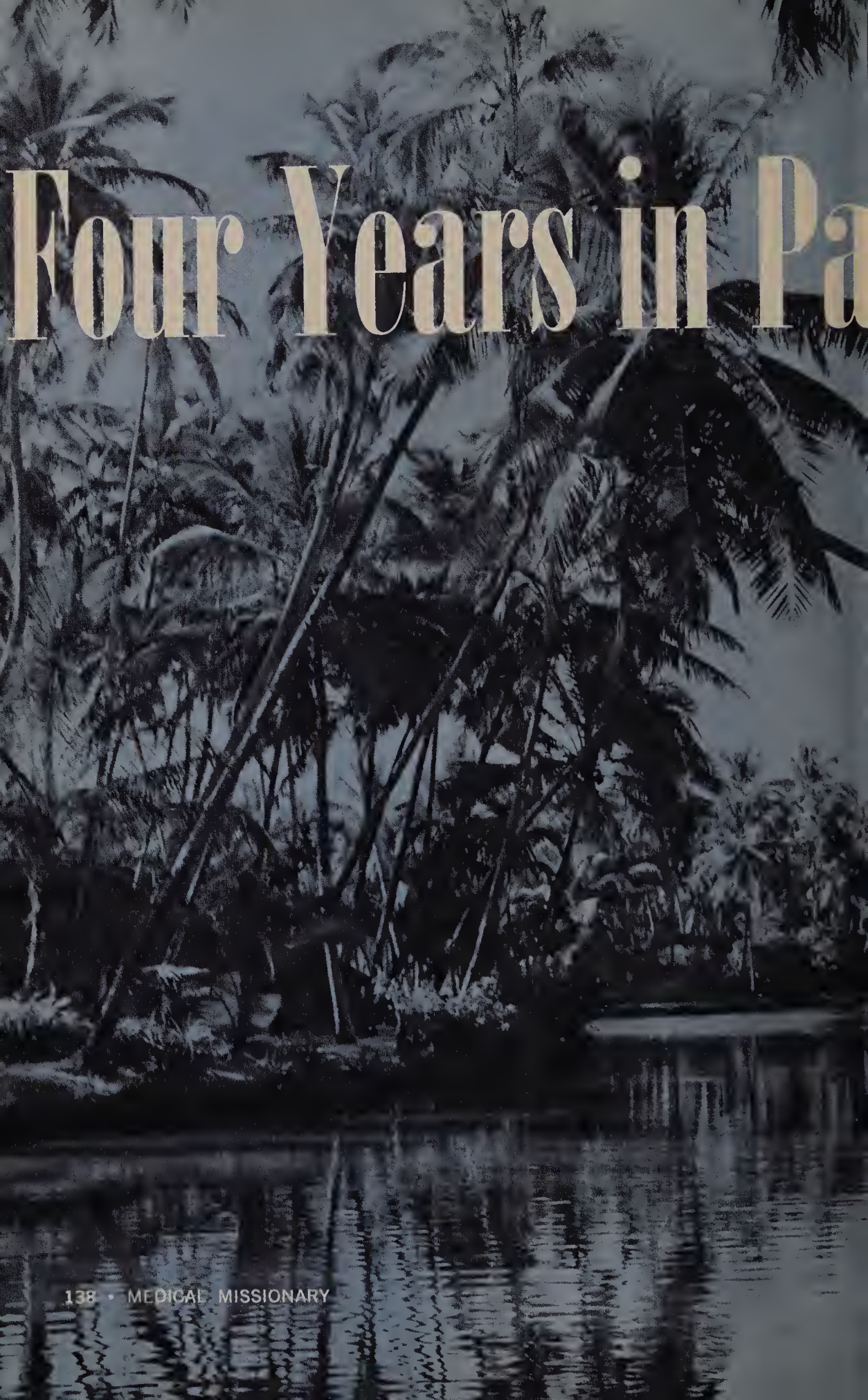
The prospects for this first patient were far from good. She seemed to be breathing her last. She had several large ulcerating bedsores—but we got busy working and praying. Against all expectation, the woman recovered, although it took her four months to do so. Her little boy was not so ill; he went home after ten days.

We had 17 beds in the hospital at first, and that was far from sufficient. Slowly, slowly we built up. (Now we have 45.) A refrigerator, a donation from friends in the U.S.A., was due to arrive. Our hearts almost stopped beating when we saw the case being rolled down the uneven road leading to the hospital. We hardly dared to look when the case was opened—but breathed a sigh of relief when all was found intact. For our people, this was sensational, a miracle—you light a fire on the bottom and you get ice on top. (The refrigerator is run on kerosene.) Until now, ice was just a word to them.

Rani came in early one morning with bleeding gums and about to give birth to her sixth child. She had had no prenatal care, many still do not understand the importance of regular prenatal care. Two hours after admission the patient was hemorrhaging, labor just beginning. It was what we feared, Afibrinogenemia, the blood failed to clot. The Sister-doctor, who happens to be universal donor, promptly lay down to have a pint of blood taken. This was given to the patient, while the relatives were summoned to be tested for possible donors. Fortunately, there were three or four among them whose blood was compatible. At first, there was no improvement in the mother's condition, although she delivered a normal baby —could we save the mother? Rani was given some sedation and fell asleep. Was it coma before death? There had been some clotting and a ray of hope. Another donor appeared—let us give her one more pint. By the time the last transfusion was started, Rani awoke from sleep and asked, "Why don't you take me to the ward, I am all right?"

One day I was asked: "Why in the world did you start a hospital here in this area, which is so out of reach?" It is because it is so much needed; it is to bring medical aid to more than 20,000 people of all castes and creeds, who would never get proper medical care as they lack the means—not to speak of the hardships for a sick person to cover miles in a slow-moving country boat. We came here to help them, and we have come to stay.

The Archbishop Attipetty Jubilee Memorial Hospital, in Thuruthipuram, Kerala, S. India.



Four Years in Pa

'adise...

SISTER M. SUZANNA

THURUTHIPURAM has been described by different people at different times, for different, but equally good, reasons as everything from the "Coconut Paradise" to a "God-Forsaken Place," and though we often tease each other about the impossibility of running a hospital in such a "God-Forsaken Place," still, in our hearts, the "Coconut Paradise" is a much more apt description. The lovely coconut palms bending gracefully over the river, the trees all covered with the scarlet "Flame of the Forest" or crimson Bougainville, the air heavy-laden with the perfume of the gardenia tree that bursts into bloom after the first rains, all these contribute to an idyllic beauty that seems to come from the land of make believe.

When coming down the river by *vanchi* (country boat), one almost expects a pretty South Sea Island belle to step from behind one of the palm trees, but instead one rounds a corner to see a young girl standing in the river washing her clothes, beating them on the rocks, a man diving into the river bed and bringing up sand; one basket at a time, filling his vanchi; or a mother, beating the coconut coir; her tiny daughter at her side, imitating her every movement. One is suddenly back to reality and to the man-made poverty that has entered and rules the lives of most of the inhabitants of this God-made Paradise.

Here, as everywhere in the world, poverty and disease go hand in hand. Illness is not the only, or the worst, social evil in Thuruthipuram, but it is one that can be successfully attacked. Its alleviation, or better, prevention, is a tangible expression of Christian Charity and for this we came to the coconut paradise—to show forth the charity of Christ through the Medical Mission Apostolate.

The hospital was already three years old when I appeared on the scene and though I was told that much of the pioneering was behind us, as I looked at the packing crate cupboards and dressing trays with tins clearly labeled shortening (gauze 4 x 4's), M.J.B. Coffee (cotton balls), A.P.C. (applicators), etc., I felt very much like a pioneer. As a nurse trained in a country where the maxim is "to save time is to save money," in hospitals where dressing trolleys are shining stainless steel affairs and things like blood transfusion sets have been disposable for the better part of my lifetime, I had a great deal to learn.

My education began the day after my arrival. The first lesson was that nothing, and I mean *absolutely nothing*, goes to waste in a mission hospital. I had brought a large quantity of sample medicines with me including some children's vitamin drops. These were still in their original small packages and it was decided to empty most of them into larger bottles. I had moved over a waste basket, in which to throw all the papers and boxes when Sister Stephanie came in and showed me the procedure for a poor village hospital. The vitamin drops were all poured into the larger bottles after which each small bottle was rinsed a couple of times and the "rinse water" kept to make mixtures for children. The empty bottles and droppers were all taken to the dispensary. The small sheets of literature found in each box were saved to be used for the powders made in the Pharmacy. The waxed boxes were taken to the Laboratory to be used for stool specimens. When I finished there was nothing in the waste basket or the garbage. I've found since that only things like broken glass and used cotton swabs ever find their way into the garbage, and I'm waiting for the day when someone will think of a use for these.

Another thing to which I had to adjust was the difference in diseases. The largest percentage of our patients are medical cases. Now the nurse in the States will immediately connect medical wards with cardiac, cancer and asthma patients. In four years, I can think off-hand of only six cardiac patients and three suffering from cancer. We do have quite a few cases of asthma, but the majority of these are children and as such are pediatric rather than "medical" patients.

I found myself as Supervisor and responsible for the care of patients with diseases I had never seen, and had only a vague idea of their symptoms, complications and nursing care—diseases like typhoid, amoebic hepatitis, dysentery of all known varieties and a few still to be classified, nutritional diseases of all kinds and in all stages. I used to spend my afternoon rest period pouring over a medical or communicable disease nursing book, looking up the prognosis, complications, and treatment of everything from Ascariasis to Amoebic Liver Abscess.

I had to learn to improvise—to erect my own traction in an ordinary bed, to set up my own suction instead of merely wheeling in the electric or Wangensteen suction and simply connecting it. to fix a tray and make a spirit lamp for testing urine sugar instead of just dropping in a Clinitest tablet. (I incidentally had to get out my chemistry book and look up the amount of Benedict's solution, etc., to be used. I'm sure most of the girls could have told me, but I hated to admit that I didn't know.)

I also learned to distill water for

I.V. solutions, how to prepare the bottles and the tubing. I had never seen plastic tubing used over and had not the least idea of how much work is involved in cleaning a blood transfusion set before resterilizing it. I could do it now in my sleep, I think, and would not even try to guess how many hours I've spent in these occupations.

One must also be something of a Jack-of-all-trades. Such things as washers for instance aren't found ready-made in a village hospital, so if you want to change the washer in a hot water bottle, you have to cut one out yourself (from another old hot water bottle of course). The drains are always getting blocked with banana leaves, coconut husks, fish-bones, etc. We keep an old long-handled forcep always handy for this purpose. Then there are the kerosene lamps. There was a time during the Second World War when my brother and I used to rejoice to have the electricity go off, because it meant getting down and lighting the kerosene lamps and we would play that we were "pioneers." The romance of being a "pioneer" has faded somewhat since it is I, instead of my mother, who has to light the lamps after feeling my way through the dark and searching for the matches which always seem to disappear after the lights go out. The lamps always uniformly seem to work perfectly if you light them during the day, but at least half a dozen always smoke, spit, sputter and go out if you light them at night. By the time you get them all working, the lights usually come on again. However, if you give up and leave three or four to be repaired in the light of day, the electricity can be counted upon to stay off until morning.

Sister Suzanna (the author) cares for patients, suffering from diseases not usually seen in the U. S. She finds special problems but also compensations.

Sister M. Th. Raphael, R.N. with a poor Malayali patient who suffered from a severe burn from a kerosene lamp. Thuruthipuram, S. India.

Last, but certainly not the least of problems to be faced by the nurse is the poverty of the people. Many of our people make only two rupees a day (about 22-45¢). One capsule of Parke Davis Chloromycetin costs one rupee. The average typhoid patient starts on two capsules every four hours. Some manage to scrape the money together from somewhere, some are treated free with sample medicines sent to us, etc.; others get well on just good nursing care. I have often thought with a wry smile, as I carried a basin of ice water and towels to give a cold sponge, of some of the older nurses telling us as students, that we didn't know what it was to give real bedside nursing care. We just went around with injections and pills. Well, I still go around with injections and pills, but I also know what it is to give "real bedside nursing care"—how much it takes out of you, and yet how much satisfaction you get in return as the patient begins to recover.

When that typhoid patient has all her children come and thank you, one by one, for saving their mother's life, you of course dismiss the gross overstatement, but you also dismiss the night calls, the headaches and backaches, and, yes, a few heartaches, too.

Without a doubt there are special problems to nursing in a mission hospital, but there are also special compensations—love, gratitude, and a host of other intangible, but none-the-less real compensations. In fact they are not merely a compensation, they are the cup, full and overflowing, the hundredfold, even in this life. And so from time to time I kneel down and thank God for all I've learned, all I've given, and all I've received in return during my four years in Paradise.

R.i.p.

Please pray for our benefactors recently deceased:

Rt. Rev. Msgr. George Dreher, St. Louis, Missouri
Rt. Rev. Msgr. Edward P. McAdams, Washington, D.C.
Very Rev. Canon Jeremiah Fehily, Cork, Ireland
Rev. Regis H. Riter, C.S.C., Notre Dame, Ind.
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Mrs. Bertha Weig, Buffalo, N.Y. (Mother of Sr. M. Loretto, S.C.M.M.)

THE HOUSE THAT ANNAM BUILT

SISTER ROSE MARIE

A MISSION hospital brings many things to a community. There is the obvious benefit of improved health. Typhoid is less common since we have inoculated many of the patients and their relatives. Obstetric complications are fewer among the mothers who have attended our free pre-natal clinic regularly.

But there are other less obvious benefits to the community. A road has been built where there was jungle before and has made it possible for two bus lines to establish service to and fro. Only during the floods when service is suspended for a while do we realize how many patients avail themselves of this facility, and it also makes for faster transport between the surrounding villages.

One of the real boons to the community is that the hospital furnishes employment for so many people. The hospital has a reputation for paying high salaries and we always have a long list of applicants wanting work. Actually the salaries are not so high, in fact they sound ridiculously low when converted into dollars and cents, but the employees have steady work and receive a just wage for services rendered, which is more than many of their neighbors can say. Most of the unmarried employees live here; the others have at least two meals and coffee in the morning and afternoon. This alone is a big factor and without exception they put on considerable weight after a few months at A.A.J.M. Hospital.

There was Stella, for instance, a skinny, sickly teen-ager, constantly coming to the clinic for a variety of minor ills. She was hired for the kitchen on condition that she could stand up to the work. It turned out that all Stella needed to produce more than her share of work was three square

meals a day. She is now quite a well rounded out, beautiful young lady with lovely rosy cheeks, replacing the sickly hue of former days, and she has only been sick two days within the last two years.

Then there is Pauly. Her mother started asking us to take her for work when she was twelve. When one of our cleaning girls got married, Pauly, just turned fourteen, started sweeping floors and washing diapers. She was still very much of a little girl. I have to admit to shaking my head a little ruefully at the idea of a 14-year-old girl carrying buckets of water, scrubbing and cleaning, but Pauly put on 15 lbs. in the first two months, and after a while she confided to me that the work was much easier than what she had been doing at home.

Annam, a young widow with an eight-year-old son to support, is another who had long begged for work, and when we started building the laundry, she was back again, saying that she knew how to wash clothes very well. This seemed to be a good place for her, as the hours of work coincided with the hours her son is in school, so she was hired for the laundry.

By careful saving, she was able to build herself a two-room house. She provided the material—a few bamboo poles and a large pile of coconut leaves; the church provided the labor. It takes three or four men three days to construct a house like this. Most of the time is spent in weaving the palm leaves into sections about four to five feet long and one to two feet wide. These overlap each other and are put on much like cedar siding or shakes, except that, instead of being nailed, they are fastened to each other by pieces of coconut fiber, strung between the interwoven leaves twisted around a few times.

It never ceases to amaze me that these palm leaves correctly applied can actually provide a rain-proof ceiling and walls, and for the most part, they withstand even the Indian monsoon rains, when we, with our tiled roof on the hospital, have trouble with leaks.

One Sunday last month Annam had her house blessed, and in the afternoon I went with a few of the hospital staff to visit her. The house is typical, with a dirt floor pounded hard, one doorway and no windows. Annam wanted to run to borrow a chair for me, but I assured her that I did not mind sitting on the floor, actually it is much cooler. Some mats woven from coconut were soon spread and we all sat around in a circle. Of course, a big crowd of neighbors collected outside and were quite amused at the tall white Sister, bending considerably to go through the low doorway and then seating herself on the floor.

Annam brought us coffee, in glasses, the usual way of serving it here, and a banana leaf on which to put our *appam* (rice bread) and bananas. After eating you simply throw out your plate for one of the neighbor's goats to eat. The girls all threw their banana leaves out the doorway when finished, but being a more inhibited and less practised Westerner, I was a little reluctant to do so, until my hostess, noticing my dilemma, took my plate and without so much as glancing over her shoulder sailed it quite expertly over the heads of the watching neighbors. When we left the goats had already eaten our plates.

Annam's house has only two rooms. The living room-bedroom (whose sole furnishings are three coconut mats) is crowded with six people sitting on the floor. The kitchen is not even as big as

a good sized closet, and Annam cooks over a semi-open fire. (In my opinion it is only an act of Providence that keeps these houses of dry coconut leaves from going up in flames.)

When I was leaving Annam thanked me profusely for coming and said: "I know my house is very poor and your houses in America are very beautiful." I laughed and said: "But, Annam, you can say something most Americans with a new home can't say, 'My house is paid for'!" I don't think she quite understood, but I found myself thinking of my brother's brand new split-level house (unpaid for) with the wall to wall carpeting and pastel kitchen appliances, and wondered if he appreciated it half as much as this widow appreciates her tiny coconut palm-home. I assured her that her house was very nice. She thanked me again and said: "It's only because you gave me work at the hospital that I have my own home now."

By this time we were outside and one of the neighbors added: "Yes, Sister, many things in Thuruthipuram have improved since the hospital came. You don't know how it was before."

Sister M. Rose Clare, the Superior and administrator of A.A.J.M. Hospital, Kerala.

Mission Sunday

OCTOBER 21
1962

"And since it is a question of such an undertaking, and since we have the opportunity, renewing for ourselves the vows of our predecessors, we invite and officially exhort all Christians to take to their hearts as loving sons the desires of a Father as and as his orders are to assist with enthusiasm in the Pontifical Society for the Propagation of the Faith.

"In this manner—under the glorious standard, fighting the good fight which, in exchange for the sublime gift of the Faith which was made to them, will consist in religiously spreading this same Faith—they will render to God the thanksgiving which is the most apt to be acceptable to Him."

John XXIII

Yes we have . . .

ONE day, shortly after I came to Thuruthipuram, while Sister M. Thomas Raphael and I were traveling to another village, the bus stopped and lingered in the village for a short time. In the middle of the village square, I saw a woman halving coconuts, one after the other, with swift, rhythmic movements, then throwing them to another woman who was lining them up in the sun to dry to make what the Malayalees call *kopra* or copra. A little distance away there were hundreds of whole coconuts being dried in the sun. Seeing how fascinated I was, Sister Thomas Raphael decided this was just the occasion to give me a lesson on the coconut industry, right on the spot.

The coconut tree seems to be just another graceful palm tree but actually, it is the entire wealth of the people in this area. No part of it is wasted.

The average tree produces 30-35 coconuts every 40 days throughout its lifetime. When the men cut down the coconuts they also cut off the lowest branch or two and these are dried in the sun to be later woven together for palm mats for the roof and the walls of the people's houses. Less perfect branches are stripped from the stem and used for fuel. Imagine, if you can, doing all the cooking for a hospital over a fire made from palm leaves! The stems left over are tied in bundles and are used for brooms—or applicator sticks as we use them in the hospital!

Of course, the most valuable thing on the tree is the coconut itself. The fresh halved coconuts are dried for two days, then shelled out and put out again in the sun until they acquire a light brown color. This is copra, dried coconut meat, an industry in itself, but it also makes up the bulk of the coconut sold for the oil industry. The whole coconuts are sold or exported.

Of course, the local people consume coconuts in every shape and form. Curry is not complete without coconut and, on the other hand, neither is the dessert.

Much is crushed for oil for lamps—or frying or prepared for oil for the coiffure, plain or scented, depending on how much you wish to spend. The coconut shells are also used for household utensils—cups, bowls or ladles.

On a smaller scale, the coconut produces another industry—coir. The outer husk of the coconut is soaked for a month or two in the back canals and waterways. After this softening process the future coir is a black, soggy, rather smelly mass; when it has dried a little, the women and children begin to beat it until all the dirt and non-coir fibers have been removed. The rhythmic beating of the coir sometimes begins before we get up in the morning and continues through the day. Coir is widely used here for pillows, mattresses, stuffing upholstery, etc. In the U. S. it is used as packing material and for door mats.

While the women and children are home beating the coir, the husband may be out cutting down the coco-

COCONUTS

SISTER M. PRAXEDES, M.D.

*e tall lean coconut
e spells dif-
ent things to dif-
ent people in
village in South
ia. It is called
oavriksha,
"tree of heaven."*

nuts, or perhaps he is a toddy-climber. Toddy is similar in content to beer. Young trees which are not bearing much fruit are set aside for tapping. The blossoms are crushed and distilled into a collecting earthen jar, fastened securely to the tree. This is emptied early in the morning each day. It has a rather tangy pleasant taste then, but after the day's heat, is pretty well fermented when it is sold in the evening.

Yes, we have coconuts. They comprise all the wealth of this area. There is no industry here that does not stem from the coconut tree or its fruits. No wonder the Communists in their campaigns advocate one coconut tree for each family.

The Language of Kerala

REV. MATHEW KATTADY

A VETERAN Spanish missionary who lived in Kerala for forty years used to make speeches and sermons in Malayalam. People loved to hear him. They could understand his zeal and sincerity even though he terribly mis pronounced the language. One of his favorite words was *Kollam*. If it is pro nounced as it should be in Malayalam it means "Good!" But if pronounced as written in English it means, "I shal kill (you)!"

Land of Languages

India is a land of languages—there are 15 languages mentioned in the Indian Constitution. Each of the majo states of India has its own local offi cial language. According to the 195 census, there were 720 Indian lan guages and 63 foreign language spoken in India. All the Indian lan guages are difficult to learn. Hence, th

The Rev. Mathew Kattady is from Kerala, India. He taught Oriental languages in St. Berchmans' College, Kerala. After studying Sociology at the University of Detroit, he is at present working for a Master's Degree.

perseverance of the missionaries in learning the various languages has to be appreciated. An Italian Bishop has 500 Catholics in one of the North East Frontier Districts of India. They live in seven different villages and speak seven different languages. Luckily the saintly Bishop has mastered eight Indian languages and speaks several dialects as well.

Aryo-Dravidian Heritage

There are two major groups of languages in India. These two groups originate from the two major races. the Aryans and Dravidians. Dravidians were the inhabitants of India in 2000 B.C. They were the owners of a civilization the remnants of which have been unearthed by the excavations at Harappa and Mohanjaro on the banks of the Indus River. Unable to resist the Aryan invasion, the Dravidians fled to the South and to the mountains. There they established kingdoms and cultures of their own which through the centuries were subject to sociological diffusion. Now, after 40 centuries, the greatest inheritance of the Dravidian people can be said to be their language.

Sanskrit was the language of the Aryan people. It has the alphabets used in the Devanagari script. Most of the North Indian languages use this script though with minor variations. Each of the Dravidian languages has a particular script. Some of them have great internal similarity with the Sanskrit alphabet. For example, in Sanskrit there are 51 letters—33 consonants and 18 vowels. Almost every consonant can be doubled. It is the same in the case of some of the Dravidian languages.

Malayalam

Malayalam, the language of Kerala, has many similarities to Sanskrit. Though written in a script different from Devanagari, many words in Malayalam are derived or taken from Sanskrit. In fact, the classical Malayalam is nothing but a mixture of Sanskrit and "primitive" Malayalam.

There are different views as to the origin of the Malayalam language. Some hold that it was originated from Sanskrit; others contend that Malayalam is an evolution of the pre-Christian Tamil. But the great majority of scholars opine that Malayalam is an original language founded and developed in the particular geographical and cultural background of Kerala.

'*Mala*' means mountain, '*azham*' means ocean. The land in between the mountain and the ocean was called *Malayazam*, which after several centuries of recitation, turned out to be Malayalam. It also signifies the language of the land. One who speaks Malayalam is called a Malayali.

At present pure Malayalam is almost obsolete. The classical Malayalam is spoken in the central regions of Kerala. As is common with any language, Malayalam has variations of accents in different parts of the state. Because of India's association with the English language very many English words are now being used in ordinary conversation: bench, desk, gate, glass, cup, plate, car, bus, road, boat, light, are a few such words. Again, due to the Aramaic Liturgy of the majority of the Christians of Kerala, Aramaic words, too, are very familiar to the people: *Kurbana* (Holy Mass), *Rasa* (Mystery), *Kaga* (chalice), etc. are well known even to Hindus.

Still Growing

Youngest of the Dravidian languages, Malayalam has made great strides of progress among the Indian languages and is spoken by 15 million people. Thousands of books are available in Malayalam. The great percentage of literacy in the state of Kerala is partially due to the beauty and simplicity of the Malayalam language. The reading habits of the people of Kerala are evident from the number of publications and periodicals in the state. There are 30 daily newspapers published in Malayalam, three of these are owned by the Catholic Church. Of the 46 Malayalam weeklies, three are published by Catholics. There are 93 monthly publications in Malayalam, ten of these magazines are published by Catholics.

Since Independence, great encouragement has been given to the study and development of Malayalam literature. A literary Academy has been established and literary men are given great opportunities and recognition. The Catholic Church has been trying to make full use of the literary media, both for the cultural advancement of the people and for making its Faith known. Catholic schools are famous in the state of Kerala. Catholic educators and literary men occupy leading positions in educational and literary circles, but still, we have a long way to go.

The Syro-Malabar Rite

The Syro-Malabar Rite of India is an ancient Oriental Rite in which the liturgical language is Aramaic, the language spoken by Our Lord Jesus Christ. Its origin is traced to St. Thomas, the Apostle, who preached Christianity in India between 52 and 72 A.D. and suffered martyrdom there.

The Syro-Malabar Rite comprises two ecclesiastical provinces, seven dioceses and 1,500,000 people in India, which is almost one-fourth of the entire Catholic population of the country.

The Aramaic liturgy of the St. Thomas Christians was modified by the Portuguese missionaries in the 17th century. Two years ago the Holy See has decreed to restore the original liturgy in its integrity.

Father Kattady's brother is the Rev. Aloysius Kattady, T.O.R., Loretto, Pa.; sister, Sr. M. Th. Teresita, is a Medical Mission Sister working in Bharanangan Kerala.

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BOOKS

THE CHURCH & THE WORLD

THE RICH NATIONS AND THE POOR NATIONS. Barbara Ward. N. Y. Norton. 159 pp. $3.75.

With her usual clarity and precision Barbara Ward approaches the problem now facing economists, as the rich nations grow richer and the poor nations grow poorer. Concentrating on four "revolutions" taking place in the poor nations, Miss Ward tries to point up the reasons why these are so devastating in the emerging nations when the same revolutions took place previously in the West. The revolutions are: first, the revolution of equality, with men striving for personal and national equality; second, the revolution of material progress, the move toward a better life for everyone; third, the revolution of population growth, through decreased infant mortality and increased life span; fourth, the revolution of scientific and technological change as it affects the economic processes of life. While these revolutions took place in the present rich nations, they are taking place more rapidly and simultaneously in the poor nations, thus presenting graver difficulties. Miss Ward presents several suggestions towards a world strategy to solve the problem. These suggestions combine her wide knowledge of economics with her essentially Christian approach to man in all his endeavors. This may well prove to be her most important book.

MISSIONARY SPIRITUALITY. Bernard J. Kelly. Dublin, Gill. 165 pp. 15s.

This small volume was written with the missionary priest in mind. Father Kelly tries to point out the major adaptations of the Christian life, and the major emphasis necessary in developing a spirituality that is missionary in orientation. The book is the outcome of actual mission experience and combines the theoretical and the practical.

THE ROAD TO AGRA. Aimee Sommerfelt. N. Y. Criterion. 191 pp. $3.50.

This is the charming story of a boy of India, Lalu, who undertakes a long journey on foot to Agra to find medical help for his little sister who is gradually going blind. The adventures along the way, the people they meet, show some aspects of life in India, while pointing up the basic similarities of life the world over. A juvenile which will delight children, it can be read with enjoyment and profit by adults as well.

THE FOREST PEOPLE. Colin M. Turnbull. N. Y. Simon & Schuster. 288 pp. $4.98.

Colin Turnbull successfully combines scientific study with a fine sense for people in this story of his life among the Pygmies of the Ituri Forest in the Congo. The Pygmies emerge as a happy, humorous, and very clever little people who manage to survive and to enjoy their survival in a large and complex world.

SISTER M. FABIAN

across the

Inauguration of the Muashir Memorial Hospital, Amman, Jordan, May 20, 1962. The King's car arrives; crowds look on.

Jordan's King Hussein is seen entering the hospital (built and owned by the Muashir family) accompanied by the Sisters.

Blessing of Muashir Memorial Hospital by His Beatitude, Msgr. Alberto Gori, May 22, 1962. Sister M. Victoria, in front.

JORDAN

Royal Opening for Hospital

Never have I seen anything quite so regal or impressive as the opening and blessing of the hospital here in Jordan. On May 20th His Majesty, King Hussein, himself, came to officiate.

Two days before, the army arrived and started the preparations.... Across the road in front of the hospital we have a wide open space which they leveled so as to set up the big tents which were to house the King and the 1,500 expected guests. One couldn't help getting excited in anticipation of the big day, seeing all those men at work. It reminded me so much of the passage in the Gospel "making the rough ways smooth" in preparation for the King's visit.

By Friday, all the tents were up; a big colored one in the center for the King and Ministers and special guests, such as Ambassadors and Diplomatic Corps and Heads of the Clergy. (The Heads of the Clergy of all denominations in Amman were invited—Greek Catholic, Armenian Catholic, Orthodox, and Protestant, Latin Catholics, as our rite is called here, all came so it was quite a union of the churches.) On either side of the colored tent was a big white one and then on each side in the shape of a big "U" were placed two more.

Two months previous to this formal opening, on March 1, we had opened the hospital doors to patients. The Old Testament custom of sprinkling blood to avert disaster, provided the traditional ceremony. Twelve sheep were

slaughtered in front of the hospital and blood sprinkled on the entrance gates. This is a Christian and Muslim custom here, before the opening of any large building. Some of the sheep were given to the poor and the rest eaten the next day by the family and their friends. The Muashirs had a delicious Arabic dinner cooked for our Sisters on the following day.

Now the King was coming for the official opening. Saturday morning started with the arrival of huge truckloads of soldiers carrying armfuls of colored flags. These they strung all around the top of the hospital and the top of our house. There were yards and yards of rope and flags so you can imagine how festive the whole place looked. Finally they put up the pole on the roof for the King's flag. The latter goes up when he arrives and is taken down as soon as he leaves. All the Security Police had moved in by now, and the one in charge investigated the whole hospital (this is a routine procedure before the King visits a building).

Sunday, the 20th, the day of the Opening, we had High Mass in our Chapel in thanksgiving for all that had gone before and to ask God's blessing on our new work in this country. Afterwards we all went out to watch. The multicolored flags were flying in the breeze; the big colored tent for the King stood out regally among the others with two rows of carpet leading up to it from the road for the King to walk on. Waiters were hurrying to and from the kitchen carrying the refreshments over to the tents in readiness for the 1,500 expected guests. Across the front door we tied the lovely wide green and white ribbon which the King would cut as he entered the hospital. The gold-painted scissors was placed on a silver tray, ready for Mr. Saleh, the eldest Muashir brother, and head of the family, to hand to the King.

I took a quick walk through the hospital and met a man in military uniform with three silver stars on his shoulder; he was the one in charge of security precautions for the King's visit. He asked if he might look in the Pharmacy and started peering into all the drawers and cupboards. I noticed that he carried a stick with metal ends on it and just the day before someone had said that they had gone around with a bomb detector. I could not restrain my curiosity any longer and asked him if it really were a bomb detector. Fortunately he had a good sense of humor, and had a good laugh. It turned out to be an insignia of his rank!

By 10:30 A.M. all the guests had arrived and had seated themselves in the chairs under the tents in front of the hospital. The King was due to arrive at 11:00. The Muashir brothers, the Prime Minister, and the Head of the Army waited down below on the road to receive the King. The King's cousin arrived and shook hands with them all, it was a sign that 10 minutes later the King would come.

Shortly afterwards we saw open jeeps with machine guns and policemen coming on motorcycles. In between them was the King's car. They

drove up and the King got out and smiled and greeted the group that was waiting to receive him. As the National Anthem was played all stopped and faced the band; when it was finished they continued up to the King's tent. Sister M. Eleanore who had come from Rome for the opening had a place in the front row in the King's tent, as she was to be one of the speakers. When the King was seated he was presented with a bouquet of flowers by the daughter of one of the Muashir brothers. Next, the Prime Minister gave the opening speech. He was followed by the Speaker of the House, and the Minister of Health. Then the Vice-President of the American University of Beirut, who had come specially for the occasion, spoke in English. He was followed by Sister Eleanore, and last of all Doctor Muashir spoke.

The King then arose and came to the hospital. All seventeen of us Sisters went down to the gate to meet and greet him. He shook hands with each one of us as Doctor Muashir told him our names. Then he cut the ribbon and began his tour of the hospital. Only a few of the most important people accompanied the King, all the rest waited where they were until he returned. The King went everywhere and looked as if he really enjoyed it. He also went in to see our Chapel and signed our Visitor's book on the way out. After refreshments Monsignor Simaan read a telegram with the blessing of the Holy Father and best wishes also from Cardinal Coussa and the Apostolic Delegate in Lebanon. When all was over, the King returned to his place with the people and decorated Doctor Muashir and Sister Eleanore for the good that this hospital would bring to the people of Jordan. Then His Majesty got back into his car and drove away, policemen, machine guns, and all. Open house for the guests followed.

By evening the army had all the flags down and all the tents taken away. Except for the American and English ladies, all the guests were men, as it is not customary here for women to come to these functions. It really was a grand opening day. We will never forget the experience!

Sister M. Victoria, Muashir Memorial Hospital, Amman, Jordan

His Majesty, King Jabal Hussein, takes an inaugural tour of the 127-bed Muashir Hospital, staffed by 17 Medical Mission Sisters. Doctor Sa'ad Muashir is Medical Director. Sister M. Eleanore, on right of the King.

His Excellency, Auxiliary Bishop Gerald V. McDevitt celebrated the Mass and presided at the Profession Ceremonies in Fox Chase on the 15 of August. His Excellency is shown here with the newly professed, the Rev. Thomas C. Duffy, C.S.C. (chaplain), on his right; Mother M. Benedict, on his left.

First Professions

Philadelphia, Pa., Aug. 15, 1962

Sr. M. Miguel (Cannella), New York, New York
Sr. M. Natalie (Laus), Milwaukee, Wisconsin
Sr. Patrick Marie (Lowery), Chicago, Ill.
Sr. M. Shawn (McGee), Buffalo, N.Y.
Sr. M. Susan (Stehle), Sandusky, Ohio
Sr. Thomas Marie (Brady), East Orange, N.J.
Sr. Antonio Maria (Cui), Cebu City, Philippines
Sr. M. Augusta (Wark), Houston, Texas
Sr. M. de Paul (Taylor), Denver, Colorado
Sr. Elizabeth Marie (Hogan), Phila., Pa.
Sr. M. Ivan (Francis), New Orleans, La.
Sr. M. Jean (Laborde), Portland, Oregon

IN POONA, INDIA:

Sr. M. F. Perpetua (Kacheriparambil)
Sr. M. F. John (Velieparambil)

Final Professions, Aug. 15, 1962

Sr. M. Clarence (Hackman), Glasgow, Mo. (in Ghana)
Sr. M. Loyola (Landry), Arvida, P.Q., Canada (in Pakistan)
Sr. M. Phyllis (Backer), Ferdinand, Indiana (in Pakistan)
Sr. Marie Sarto (Doud), Phila., Pa. (in St. Louis, Mo.)

overseas

INDIA • AFRICA • PAKISTAN
VIETNAM • S. AMERICA • USA

assignments. 1962

TO PAKISTAN:

Sr. M. Augustina (Dolan), M.D., Bronx, N.Y.
Sr. Bernadette Marie (Town), B.S., Utica, N.Y.
Sr. M. Christine (Jobson), M.D., Louisville, Kentucky*
Sr. M. Constance (Pellicer), R.T.x-ray, St. Augustine, Florida*
Sr. M. Gonzaga (Pearsall), M.T.(ASCP), Bay City, Michigan*
Sr. Maria Gracia (Navata), B.S.N., Agno, Pagasinan, P.I.
Sr. M. Josepha (Shimek), R.T.x-ray, New Britain, Conn.*
Sr. M. Lourdes (Cosgrove), R.N., Cambria Heights, N.Y.*
Sr. M. Luke (Gray), M.D., West Hartford, Conn.*
Sr. M. Martin (Heires), R.N., Caroll, Iowa*
Sr. M. Nora (Gavin), R.N. Wilkes-Barre, Pa.
Sr. M. Roberta (Euper), B.S.N., Fort Smith, Ark.*
Sr. M. William (Dougherty), R.N., Blue Island, Illinois*

TO INDIA:

Sr. M. Esther (Thaden), B.S.N., Tacoma, Washington
Sr. M. Eileen (Castellini), B.S.N., Cincinnati, Ohio
Sr. M. Jacinta (Conlon), R.N., Montreal, Quebec, Canada
Sr. M. Leonie (Tummers), M.D., Middleburg, Holland*
Sr. M. Valentina (Kangleon), M.D., Quezon City, P.I.

TO JORDAN:

Sr. M. Bernard (Tunnicliff), R.N., St. Louis, Mo.
Sr. M. Blaise (Gates), R.N., North Collins, N.Y.
Sr. M. Leonard (Harmon), R.T.x-ray, Baltimore, Md.

TO VENEZUELA:

Sr. M. Carmelita (Jaramillo), San Luis, Colorado*
Sr. M. Thomasina (Heidkamp), R.T.x-ray, Chicago, Ill.
Sr. M. Imelda Marie (DeCoster), Roseland, N.J.

TO UGANDA:

Sr. M. Amata (Pfaff), B.S.N., Phila., Pa.
Sr. M. Darrah (Degnan), M.T.(ASCP), Toledo, Ohio
Sr. M. De Montfort (Kershbaumer), R.N., Hazleton, Pa.
Sr. M. Dorothy (Canary), R.T.x-ray, Roanoke, Virginia
Sr. M. Eugene (McGlone), R.N., Sellersville, Pa.
Sr. M. Gregory (Gates), M.D., Hamburg, N.Y. (from Ghana)
Sr. Jude Marie (Garbaccio), R.N., Upper Montclair, N.J.
Sr. M. Philip (Hornung), B.S.Pharm., New Orleans, La.
Sr. Marie Sarto (Doud), R.N., Phila., Pa.
Sr. Thaddeus Marie (Nowak), St. Louis, Mo.

TO GHANA:

Sr. M. Hilda (Ierino). B.S.N.Ed.. Chicago, Ill.

TO THE PHILIPPINES:

Sr. M. Lina (Faeldonea), R.N., Dumalag, Capiz, P.I.

TO SOUTH VIETNAM:

Sr. M. Rosalie (Pollinzi), Dallas, Texas

To serve the sick with joy is the privilege of every Medical Mission Sister, whether as a surgeon in India, a nurse in Pakistan, a pharmacist in Ghana, or an accountant in Vietnam. All share in the one task of showing forth the charity of Christ through the medical mission apostolate, bringing professional medical care to the sick and suffering in the less developed areas of the world.

* Returning

GHANA

Snake Steaks for Supper

About 10:00 A.M. the patients came running up to the administrative block shouting that one of them had just killed a very big snake. Every so often Menya kills a good sized snake. He is the best hunter we have and a "very brave man." Fireman for the settlement kitchen, Menya's job is to get the firewood and to keep the kitchen going with a good fire. He carries huge logs on his shoulders.

One of the newer patients had been out in the forest behind Men's Town and had seen this huge snake and had called Menya to come and kill it. And he did, cutting off its head.

Soon we saw a large crowd coming and this big snake being carried by five or six of them. It was a Rock Python and measured 15 feet long and 7½ inches in diameter. The head was about 4 inches long. Menya had cut it just back of the head. They opened the mouth for us to see and it had two rows of teeth. It kills by crushing. According to our snake book a Rock Python of 10 feet length is common but 15 feet is unusual and larger than this is rare for this country, though isolated specimens have been found.

I was not home when all the excitement occurred so they carefully laid the snake in the shade, in the gutter, and waited for me to come so I could photograph it. Soon after 12:00 noon I came, and after making appropriate noises to indicate my fear and appreciation of the dead snake, went up for the cameras and took some pictures.

The snake was then taken down to Men's Town and in the evening was skinned. The men from Northern Ghana had fine snake steaks for supper. The Ashantis do not eat snake.

A few days later when we were taking some visitors through Men's Town, we saw the snake skin and, if anything, it was more impressive than before. So there were more pictures taken and later on we bought the skin. It stays on the verandah as it has a bit of an odor. We shall have to find out the proper way to cure it so it becomes flexible. It will make fine snakeskin shoes or handbags.

Sister M. Francis, M.D.
Kokofu Leprosarium

Sister M. Camillus with the snake skin. A Rock Python, it measured 15 ft. long, a rare specimen.

The patients dramatize the capture of the 15-foot Rock Python and exhibit it by draping it in a tree. Kokofu Leprosarium, Ghana.

henever the patients kill eally big snake y bring it to show the ters. Sister M. dore (left) and Sister Camillus, admiring "big kill."

One of the patients had seen the snake in a forest and called Menya to come and kill it and he did, cutting off its head. The head was four inches long.

In the evening, the snake was skinned at Mens' Town. The men from Northern Ghana had fine snake steaks for dinner. The Ashantis do not eat snake.

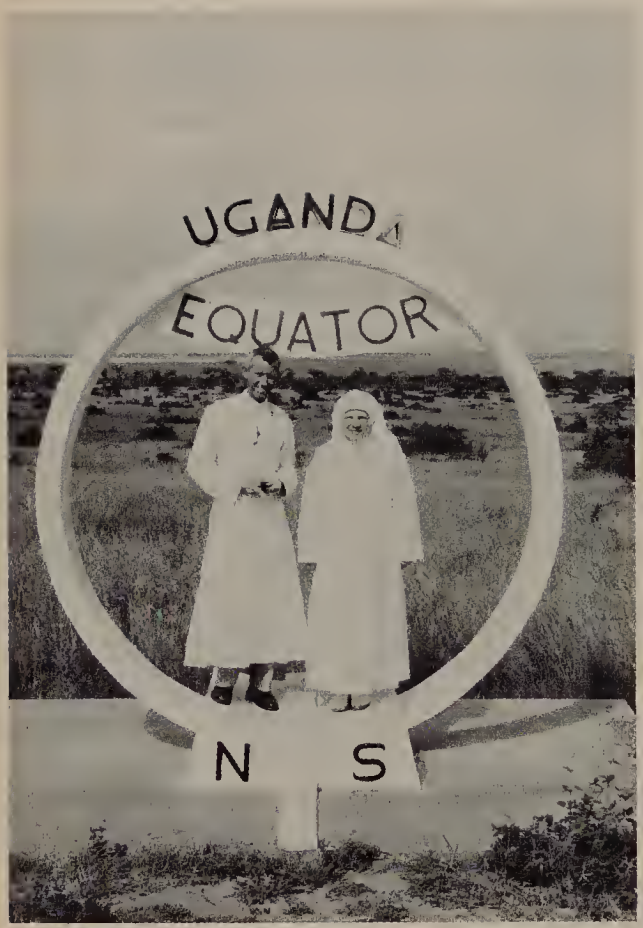
UGANDA

Virika Hospital

At the end of March Mother M. Benedict Young, M.D. visited Uganda to make final arrangements for taking over Virika Hospital in the Fort Portal Diocese.

In September, ten Medical Mission Sisters left for Uganda to form the initial staff: a doctor, five nurses, a pharmacist, a laboratory technician, a radiologist, and a sister in charge of admissions. Plans for development of the hospital include a training school for nurses and for midwives.

The Fort Portal Diocese was erected by the Holy See on February 20, 1961 with the Most Reverend Vincent McCauley, C.S.C., as its first Bishop. There are approximately 500,000 people in the Diocese and more than twenty per cent of them are Catholics.



On a recent visit to Uganda, Mother M. Benedict and Rev. Louis Meyer, C.S.C. reminisced on old times when both were stationed in East Pakistan.

YOUR WILL

can help the Medical Mission Sisters bring health and healing to the sick and suffering of mission lands. The following approved form of bequest may be used:

"I hereby give (devise) and bequeath to the Society of Catholic Medical Missionaries (also known as the Medical Mission Sisters), an institution incorporated under the laws of the State of Maryland, and its successors forever the sum of $..... for its purposes,"

If you have already made your will, it is not necessary to make a new one. It is sufficient that a codicil be added, using the above.

f Christians are also joined
n mind and heart with the
nost Holy Redeemer,
vhen they apply themselves
o temporal affairs, their
vork in a way
s a continuation of the
abor of Jesus Christ Himself,
rawing from it strength
nd redemptive power:
"He who abides in Me,
nd I in him, he bears much fruit."
Human labor of this kind
s so exalted and ennobled
nat it leads men engaged
n it to spiritual perfection,
nd can likewise contribute
o the diffusion and propagation
f the fruits of the Redemption
o others. So also it results
n the flow of that Gospel
eaven, as it were,
nrough the veins of
ivil society wherein
ve live and work.

ohn XXIII, Mater et Magistra

THURUTHIPURAM—NEEDS HELP FOR FLOOD VICTIMS . . . Every year in Thuruthipuram, Kerala, S. India, the heavy torrential

monsoon rains FLOOD THE VILLAGE

causing great damage to life and property. For five weeks, this past year, every palm leaf house was inundated; many collapsed. The people had to flee to our Hospital compound and the village church—the only two buildings on higher ground. The water rose from two to four feet. This may not seem high but it is enough to paralyze work on the cocoanut plantations; and if the people can't work, they can't eat . . . even their one meal a day. At night one can hear the children crying from hunger—a pitiful and terrible thing. Many people come to the hospital sick and dying or begging for food and medicine. We give all we have but it is never enough. In thanksgiving for all the blessings the Lord has given you, won't you please give us something, out of your abundance, for "our brothers" in Kerala?

MEDICAL MISSION SISTERS, Philadelphia 11, Pa.

Dear Sisters: In Thanksgiving for all my blessings, here is my gift o
$..... to the flood victims in Thuruthipuram.

Name.....

Address .....

City ..... Zone..... State.....